



INDIANA FIRST STEPS EARLY INTERVENTION SYSTEM EXIT SUMMARY

State Form 51310 (R2 / 2-07) / BCD 0087



Child and family First Steps ID Number	
Child date of birth (<i>month, day, year</i>)	
County of residence	
Name of Service Coordinator	Telephone number ()
Date (<i>month, day, year</i>)	
<p>This survey is used to find out how First Steps services have helped children and families. It is a checklist to record what the child and family knows and can do as a result of First Steps. It is an assessment of how effective First Steps has been, NOT an assessment of child or family progress!</p> <p>Service Coordinator, please circle the number that the family feels best describes them right now. As at entry into the First Steps System, we know that families with children of different ages are filling out this form with you. Please help the family choose what best describes them at this time. If the family feels a statement almost describes them, but not quite, circle the number just below the statement. For example, if the statement under 3 almost describes the family you are interviewing, but not quite, circle the 2.</p> <p>This survey must be completed just before the family's transition from the First Steps Early Intervention System. It is strongly recommended that it be completed during the last face-to-face meeting the Service Coordinator has with the family. This survey can and should be used as part of an "exit interview" with the family. It can be used to review the progress that has been made during the child and family's time in First Steps.</p> <p><u>This information is confidential.</u> It will not be shared with any other program. It will only be used to help the First Steps Early Intervention System do a better job for future children and families.</p>	
Have you moved since you started in First Steps? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, what was the original First Steps ID number?
If there is a medical diagnosis, please list here: ----- 	
Signature of parent or caregiver	Date (<i>month, day, year</i>)

SERVICE COORDINATOR ONLY

☐ Unable to complete Exit Summary (*please document attempts to schedule exit meeting with family*)

NOTE: Many of the items on this survey were adopted from a survey that was developed by the Early Childhood Outcomes Center with support from the Office of Special Education Programs, U.S. Department of Education.

Name of child	Identification number
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CHILD DEVELOPMENT

An important outcome of First Steps is for **children to learn important and essential developmental skills**. The questions in this section provide a summary of the child's development and learning. Professionals who assessed the child and have accurate information about the child's development should complete this section. Please respond to all questions as accurately as possible.

What is the child's current level of development? With the help of your family's service coordinator, please fill in the blank indicating the child's developmental age in months or AEPS test score for each area. If your child still experiences delays in a specific domain, please check if specialized services after First Steps are still needed and recommended.

DOMAIN	STATEMENT OF CHILD'S CURRENT LEVEL OF PERFORMANCE <i>Please provide developmental age or AEPS scores.</i>		SPECIALIZED SERVICES AFTER FIRST STEPS STILL NEEDED
COGNITION	Developmental age	OR AEPS score	<input type="checkbox"/> Yes <input type="checkbox"/> No
PHYSICAL DEVELOPMENT *	Developmental age	OR AEPS score	<input type="checkbox"/> Yes <input type="checkbox"/> No
COMMUNICATION	Developmental age	OR AEPS score	<input type="checkbox"/> Yes <input type="checkbox"/> No
SOCIAL / EMOTIONAL	Developmental age	OR AEPS score	<input type="checkbox"/> Yes <input type="checkbox"/> No
ADAPTIVE	Developmental age	OR AEPS score	<input type="checkbox"/> Yes <input type="checkbox"/> No

*Physical Development is defined as motor skills, vision and hearing.

FAMILY OUTCOMES SURVEY (Exit)

UNDERSTANDING YOUR CHILD'S STRENGTHS, ABILITIES, AND SPECIAL NEEDS

1. Your child is growing and learning. How well do you understand your child's development?

1	2	3	4	5	6	7
We are just beginning to understand our child's development.		We have a basic understanding of our child's development, but still have a lot to learn.		We have a pretty good understanding of our child's development.		We understand our child's development very well.

2. Some children have special health needs, a disability, or delays in their development. How much do you know about your child's special needs?

1	2	3	4	5	6	7
Right now we do not know very much.		We have learned some things, but still have a lot of unanswered questions.		We know a lot, but still need or want to know more.		We are confident that we know most of what we need to know right now.

KNOWING YOUR RIGHTS AND ADVOCATING FOR YOUR CHILD

3. A variety of programs and services may be available for your child and family. Do you know what is available for your child and family?

1	2	3	4	5	6	7
We are just beginning to learn about the programs and services that are available.		We know about some programs and services, but still have a lot to learn.		We think we are aware of most available programs and services.		We are very aware of the programs and services that are available.

4. Parents often meet with professionals to plan services or activities. How comfortable are you participating in these meetings?

1	2	3	4	5	6	7
Right now we are very uncomfortable participating in meetings.		We are not very comfortable participating in meetings, but we do it anyway.		We are pretty comfortable participating in meetings.		We are very comfortable participating in meetings.

5. All parents want what is best and needed for their child to help them develop and learn. How well do you feel you can share your child's needs with professionals?

1	2	3	4	5	6	7
We need to feel a lot more comfortable before sharing our child's needs, including asking questions or asking them for help.		We are beginning to feel more comfortable sharing our child's needs and requesting help from professionals.		We can usually share our child's needs and ask our providers for help to meet his or her needs.		We feel very comfortable sharing our child's needs and requesting help from professionals.

6. Families of children with special needs have rights, and there are things you can do if you are not satisfied. How well do you know your rights and what to do if you are not satisfied?

1	2	3	4	5	6	7
We are not sure about our rights or what to do if we are not satisfied.		We understand our basic rights but are not sure about all of our options if we are not satisfied.		We think we know most of our rights and what to do if we are not satisfied.		We are very aware of our rights and know exactly what to do if we are not satisfied.

HELPING YOUR CHILD DEVELOP AND LEARN

7. All parents help their children develop and learn, but sometimes it is hard to know what to do. How would you describe your ability to help your child develop and learn?

1	2	3	4	5	6	7
We need to know a lot more about how to help our child develop and learn.		We know the basics of helping our child develop and learn, but still have many questions.		We feel pretty sure that we know how to help our child develop and learn.		We are very sure that we know how to help our child develop and learn.

8. All parents try to help their children learn to behave the way they would like, but sometimes it is hard to know what to do. How would you describe your ability to help your child learn to behave the way you would like?

1	2	3	4	5	6	7
We need to know a lot more about how to help our child behave like we want.		We know the basics of helping our child behave, but still have many questions.		We feel pretty sure that we know how to help our child behave.		We are very sure that we know how to help our child behave.

HAVING SUPPORT SYSTEMS

9. Many people feel that talking with another person helps them deal with problems or celebrate when good things happen. Does your family have someone you trust to listen and talk with you?

1	2	3	4	5	6	7
Right now, we really don't have anyone we can talk with about the things that are happening in our lives.		We can probably find at least one person we could talk with, but are not very satisfied with the situation.		We usually have other people that we can talk with about things.		There are definitely people in our lives we can talk with whenever we need to.

10. Families sometimes must rely on other families, associations and community organizations for information, help or for emotional support when they need it. Do you know how to get help if you need or want it?

1	2	3	4	5	6	7
We usually handle things by ourselves, but would like to know more about other resources.		We know about some community resources we could use, but wouldn't mind more information.		We usually have resources we can use when we need to.		We have access to a variety of friends and community resources, and use them whenever we need to.

FAMILY OUTCOMES SURVEY (Exit) - (continued)

HAVING SUPPORT SYSTEMS (continued)

11. Most families have things they enjoy doing. How much is your family able to do the things you enjoy?

1	2	3	4	5	6	7
Right now it is really difficult to do any of the things we enjoy.		We are able to participate in some of the things we enjoy, but not nearly as much as we would like.		We are able to participate in many of the activities we enjoy.		We are able to participate in almost all of the activities we enjoy.

HEALTHY, SAFE, AND WELL-NOURISHED CHILDREN AND FAMILIES

12. All children need regular medical care. Do you have the medical care you want for your child right now?

1	2	3	4	5	6	7
We do not have the medical care we want for our child.		We have some medical care, but still have a long way to go before it is what we want.		We have good medical care for our child.		We have excellent medical care for our child.

13. All families want their child to be safe. How safe do you feel your home is for your child?

1	2	3	4	5	6	7
We are just beginning to learn about things like lead paint, safely storing dangerous items, car seats, smoke detectors and safe sleeping that will help us make our home safe.		We are making changes in our home to make it safer, but still need information and assistance.		We feel our home is safe, but we are not sure if we have done all of the things we could do.		We feel we have done everything to make our home a very safe place for our child.

14. Proper nutrition and a well-balanced diet are very important for children to grow up healthy and strong. How well do you feel you provide your child with nutritious meals?

1	2	3	4	5	6	7
We're not sure that our child is receiving the healthy, nutritious meals he or she needs.		We are learning more about healthy and nutritious foods, but still need information.		We are pretty sure we are providing our child with nutritious meals to keep him/her healthy.		We feel very comfortable that we know what to feed our child, and that his meals are very nutritious.

NATURAL ENVIRONMENTS

15. As children grow older, they are able to take care of their needs and participate more independently at home, such as feeding themselves at meal times, dressing themselves when they wake up, moving around the house, and playing by themselves. Taking your child's age into account, how well do you feel your child is able to independently participate in these daily routines at home?

1	2	3	4	5	6	7
Our child is an infant and is just learning how to do these things. OR Our child needs total assistance.		Our child is becoming more independent, but due to his or her age or special needs, still needs a lot of help.		Our child's independence is growing, but he or she still needs some help with things other children the same age are doing.		Our child is doing all the things a child his or her age should be doing.

16. Many families have a need for quality childcare. By this, we do not mean occasional babysitting, but regular childcare, either part-day or full-day. How would you describe the childcare you have for your child right now?

☐ CHECK HERE IF YOU HAVE NOT WANTED CHILD CARE, AND GO TO QUESTION 17.

1	2	3	4	5	6	7
We do not have the childcare we want. OR Because of our child's special needs we have decided not to look for it.		We have adequate childcare, but still have a way to go before it is what we want.		We are satisfied with our childcare, but would like to explore other possibilities.		We have excellent childcare for our child.

17. Many families want their child to play with other children or participate in religious, community, or social activities. How would you describe your child's participation in these activities right now?

☐ CHECK HERE IF YOU HAVE NOT WANTED YOUR CHILD TO PARTICIPATE IN SUCH ACTIVITIES, AND GO TO QUESTION 18.

1	2	3	4	5	6	7
Right now our child does not participate in activities we want. OR Because of our child's special needs, we have decided not to look for it.		Our child participates in some social or community activities, but we have a way to go before it is what we want.		Our child participates in many social or community activities, but we would like to do more.		Our child has excellent participation in social or community activities.

18. Families need to be able to do things in the community such as shopping, visiting friends or relatives, going out to eat. How well is your family able to do these things?

1	2	3	4	5	6	7
We would like to be able to take our child with us when we go out, but right now it is very difficult.		We are able to do some things as a family, but we would like to find ways to make it easier for all of us.		We are able to do most of the things we would like to do, but occasionally find it difficult to take our child with us.		We take our child with us wherever we need to go.

LEAVING FIRST STEPS

19. Why are your child and family leaving First Steps? (Please check one.)

- ☐ Our child no longer needs First Steps services.
- ☐ We have decided to find services elsewhere.
- ☐ Our child is three years old.

20. Have you had a planning meeting for your child's transition out of First Steps?

- ☐ Yes, 90 days or more before the third birthday (or the date your child leaves First Steps).
- ☐ Yes, less than 90 days before the third birthday (or the date your child leaves First Steps).
- ☐ No.

21. IF your child is turning 3 years of age AND you answered "No" to question 20, why did this meeting NOT happen?

(skip this question if your child is not turning 3)

- ☐ My child did not become involved in First Steps until after that date had passed.
- ☐ I chose to wait until closer to my child's third birthday.
- ☐ I did not know about it.
- ☐ I chose not to have a transition meeting.

22. As your child and family leave First Steps, what choices have you made for your child? (Check all that apply.)

- | | | |
|---|------------------------------|-----------------------------|
| 22.1 My child will attend a community child care or preschool program. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 22.2 My child will get therapy from a hospital, clinic or private therapist. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 22.3 My child will attend a Head Start program. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 22.4 My child will be enrolled in the public school's Special Education program. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <i>If you checked "Yes" to any of the choices above:</i> | | |
| 22.5 A representative from that program did attend our 90-day transition meeting. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 22.6 First Steps provided the information I needed to make these choices. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

** If you checked "yes" for number 22.4, please answer this last section.*

23. IF your child will be enrolled in the public school's Early Childhood Special Education program, did the following happen?

- | | | |
|--|------------------------------|-----------------------------|
| 23.1 The school district was notified about our child during his/her 18th month. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 23.2 The school district was given more information about our child during his/her 30th month. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 23.3 The school district was invited to our 90-day transition meeting. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 23.4 The school sent a representative to the 90-day transition meeting. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |